

Appendix B

Department of Workforce Services – TANF Grant II Grant Application Narrative

Organization:

Directions: **One service per application.** Narrative **must** be in the default size, font, spacing and space provided. Additional narrative attachments are not allowed.

1. PROGRAM OVERVIEW

Provide a program description including a needs assessment of the community and population to be served (supported by data), and an overview of programming offered to meet the needs of the community. If applicable, list the counties and describe how the program intends to serve families who are living in high intergenerational poverty areas.

2. STAFFING

Describe the organizational staff positions that support the program proposal. Include required provider qualifications, licenses, and/or certifications. Note: Do not include specific employee information.

3. **PROGRAM SERVICE**

Describe the scope of the service to be offered and explain how the program supports one or more of the TANF purposes. Include a description of the evidence-based program model or practice to be utilized. Describe the collaboration with other organizations and/or community partners.

4. TARGET POPULATION

Describe the target population and how the program intends to identify, market, recruit, and engage participants.

5. ELIGIBILITY

Programs providing services under TANF Purposes 3 and 4 are not required to determine TANF income, at-risk families. Describe the methods and tools the organization intends to implement to identify low income, at-risk families.

6. MEASUREMENTS AND OUTCOMES

Describe the intended service measurements, outcomes and data collection method(s) to support these outcomes.

ADDITIONAL REQUIREMENTS

- I. **Collaboration Letters** - Attach **two** letters from outside collaborative agency/entity(s)* referenced in question 3 (Program Services). The letters should provide a brief description of the involvement with the services provided. The letters should include specific detailed information about how the organizations will partner. Interagency agreements, memoranda of understanding or other comparable documents are encouraged. These are not letters of support.
- II. **Business License or Articles of Incorporation**- If applicable
- III. **501(c)(3) Letter**- If applicable
- IV. **Federally Approved Indirect Cost Agreement or Cost Allocation Plan**- If applicable,
OR
If using neither, the program must provide a detailed explanation of how shared costs are allocated.

** Contracted fee-for-service individuals or organizations cannot be considered collaborative partners unless a significant discount is provided.*